

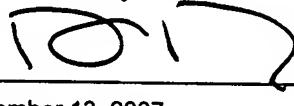
JFW



TRANSMITTAL FORM		Application Number	10/764,534
<i>(to be used for all correspondence after initial filing)</i>		Filing Date	January 27, 2004
		First Named Inventor	IWANAMI et al.
		Group Art Unit	3746
		Examiner Name	Frantz, Jessica L.
		Attorney Docket Number	03-040

ENCLOSURES (check all that apply)									
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and Form PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):	<input type="checkbox"/> Information Disclosure Statement listing 8 references and 1 foreign office communication						
				*					
			<input type="checkbox"/> A copy of 5 non-US references and a copy of a foreign office communication (with English translation)						
					*				
						*			
							*		
								*	
									*

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC David G. Posz (Reg. No. 37,701)
Signature	
Date	November 13, 2007



Effective on 12/6/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **180**

Complete if Known	
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Art Unit	3746
Attorney Docket No.	03-040

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100

Each independent claim over 3 (including Reissues)

Fee (\$)	Fee (\$)
360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x \$50	= \$0

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x \$200	= \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/50 = (round up to a whole number) x	=	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Information Disclosure Statement Fee**

\$180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	November 13, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): IWANAMI et al.

Serial No.: 10/764,534

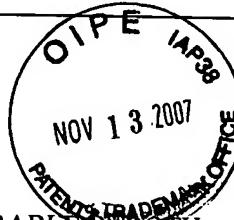
Filed: January 27, 2004

Title: FLUID MACHINE OPERABLE IN BOTH
PUMP MODE AND MOTOR MODE AND
WASTE HEAT RECOVERING SYSTEM
HAVING THE SAME

Atty. Dkt.: 03-040

Group Art Unit: 3746

Examiner: Frantz, Jessica L.



Commissioner for Patents
Alexandria, VA 22314

Date: November 13, 2007

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, the references listed on the attached Form PTO-1449 are being brought to the attention of the Examiner without any admission that they constitute statutory prior art, or without any admission that they contain subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

Further, pursuant to 37 C.F.R. §1.97(e), the undersigned hereby certifies that each listed reference was first cited in a communication (copy and English translation enclosed) from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement. Please note that references U.S. 6,443,712 and U.S. 6,234,769 were already submitted with an IDS on August 25, 2007.

The above-identified patent application has been allowed in a NOTICE OF ALLOWABILITY mailed on October 15, 2007. Therefore, pursuant to 37, C.F.R. 1.97(d), the references are being submitted along with the appropriate fee. Please charge any additional fees to Deposit Account No. 50-1147.

Also, the Examiner is requested to initial the attached PTO Form-1449 and to return a copy of same to the undersigned attorney as proof that the listed references have been considered and made of record.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "D G Posz".

David G. Posz
Reg. No. 37,701/14/2007 MAHMED1 00000002 10764534
01 FC:1806

180.00 OP

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